

First Name	Middle Name	Last Name	Date
DOB		Ethnicity	Gender
<input type="checkbox"/> Not Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Latino, Unk Origin		<input type="checkbox"/> M <input type="checkbox"/> F	
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American		Zip Code
<input type="checkbox"/> White		Does the individual have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)	
Reason	SSN		
<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination	Medicaid #		
Mother's Maiden Name:	Provider		

CHILD RISK BEHAVIORS				
0 = no evidence	1 = history, watch/prevent			
2 = recent, act	3 = acute, act immediately			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JUVENILE JUSTICE				
0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Juvenile Justice Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD PROTECTION				
0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Abuse or Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/ EMOTIONAL SYMPTOMS				
0 = no evidence	1 = history or sub-threshold, watch/prevent			
2 = causing problems, consistent with diagnosable disorder	3 = causing severe/dangerous problems			
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse / Hyper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS				
○ Not applicable – no caregiver identified				
0 = no evidence	1 = minimal needs			
2 = moderate needs	3 = severe needs			
	0	1	2	3
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING					
0 = no evidence of problems	1 = history, mild				
2 = moderate	3 = severe				
	NA	0	1	2	3
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Compliance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

